



**STUDY OF THE UNITED STATES INSTITUTES
FOR SECONDARY EDUCATOR/ADMINISTRATOR
APPLICATION FORM**

TITLE OF THE INSTITUTE:

☐ Secondary Educator (Teachers)

☐ Secondary Educator (Administrators)

1- **Nominee's Full Name as it appears on candidate's passport:**

2- **Gender**

☐ Male

☐ Female

3- **Date of Birth** _____ *month/day/year*

4- **Country and City of Birth** _____

5- **Citizenship**

Primary: _____

Secondary (if applicable): _____

6- **Contact Information**

Address: _____

City: _____

Postal Code: _____

Country: _____

Tel. Number: _____

Mobile Number: _____

E-mail Address: _____

Emergency contact name: _____

Relationship: _____

Emergency contact phone: _____

Emergency contact email: _____

7- Current Position, Title, Institution

Title: _____

Institution Name: _____

Institution Country: _____

8- Work Experience, including previous positions and titles

From: mm/yy	To: mm/yy	Title/Institution	Part/Full Time Position

9- Education, Academic and Professional Training

Please list all earned degrees beginning with most recent. Degrees listed should reflect the closest U.S. equivalent.

Degree Earned	Year Earned	Specialization & Institution

Additional Professional Training

--

10- Active Professional Memberships:

Active Professional Memberships independent of current professional responsibilities. These should not include university committee work or other professional duties directly related to current employment.

Position	Title	Organization

Publications Related to the Institute Theme (up to 10)

Please list all foreign titles in English, including whether book, chapter, journal article, newspaper article, web article, etc.

Publication Type	Year	Title Publisher

11- Previous Experience in the United States

Purpose	From	To	Description

Family/friends residing in the United States

Please include city and state (Example John Doe – Chicago, IL)

12- Evidence of English Fluency

13- Professional Responsibilities

Please discuss your professional responsibilities in greater detail, including research interests, administrative responsibilities (ex. curriculum design), and/or other pertinent information.

Current Courses Taught:

Course Title	Level of Students	Classroom Hours Per Semester	No. of Students	U.S. Studies Content (%)

Current Extra-Curricular/Co-Curricular Activities Leadership:

Activity	Position/Title	From	To	Description of Duties

Other Potential Outcomes:

Please select any likely potential professional outcomes of this program.

- | | |
|--|---|
| <input type="checkbox"/> Update Existing Course | <input type="checkbox"/> Create New Course |
| <input type="checkbox"/> Create New Degree Program | <input type="checkbox"/> University Curriculum Redesign |
| <input type="checkbox"/> National Curriculum Redesign | <input type="checkbox"/> New Research Project |
| <input type="checkbox"/> New Publication | <input type="checkbox"/> Professional Promotion |
| <input type="checkbox"/> Government or Ministry Policy | <input type="checkbox"/> New Professional Organization |
| <input type="checkbox"/> New Institutional Linkages | <input type="checkbox"/> Raise Institutional Profile |

How did you know about this program?

- | | | | |
|--------------------------|-----------------------------------|--------------------------|--|
| <input type="checkbox"/> | U.S. Embassy website | <input type="checkbox"/> | U.S. Embassy Facebook Page |
| <input type="checkbox"/> | Email from U.S. Embassy in Beirut | <input type="checkbox"/> | University (announcement on campus) |
| <input type="checkbox"/> | Email from a friend/colleague | <input type="checkbox"/> | A friend/colleague who was on this program |
| <input type="checkbox"/> | Newspapers/news portals | | |
| <input type="checkbox"/> | Other (<i>please specify</i>) | | |

14- Personal Essays (Limit 250 words)

Please discuss why you wish to participate in this program. Include your current personal teaching philosophy, how your participation in the institute will enhance your work, improve education about the United States in your community, and help you achieve the “Other Potential Outcomes” you have checked above.

Candidate’s Signature:

The information in this application is accurate and complete. The written work in the short essays is my own and I have not been assisted by any other person. I understand that I may be required to verify information in this application by providing documentation including (but not limited to) transcripts, test scores, and writing samples. I also understand that intentionally falsifying information in this application could be grounds for disbarment from U.S. Government-funded exchange programs.

Signature: _____

Date: _____ (*month/day/year*)